

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>2-8-05</u>		2 Serial/Patent # <u>09/183343</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
	Filing		\$							
	Amendment		\$							
	Extension of Time		10-29-04 \$ <u>980</u>							
	Notice of Appeal/Appeal		\$							
	Petition		\$							
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
	Other		\$							
		7 TOTAL AMOUNT OF REFUND \$ <u>980</u>								
		8 TO BE REFUNDED BY:								
10 REASON:		<input type="checkbox"/> Treasury Check								
	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table>		1	6	--	1	3	5	0
1	6	--	1	3	5	0				
	No Fee Due (Explanation):									
<u>Fee not Necessary.</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Karen Cress</u>		TITLE: <u>Petr, Exmr.</u>								
SIGNATURE: <u>Karen Cress</u>		PHONE: <u>272-3208</u>								
OFFICE: <u>SAC for Patents</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>2/10/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: